

# **ANNUAL TRAINING CHECKLIST**

## **PRE-ANNUAL TRAINING**

- 1. FILL OUT REQUEST FOR TRAINING APPLICATION AND SUBMIT TO UNIT AT COORDINATOR AND/OR YOUR PROGRAM MANAGER AT LEAST 30 WORKING DAYS PRIOR TO START DATE IF TRAVEL IS INVOLVED AND 5 WORKING DAYS FOR LOCAL TRAVEL OR POV.**
- 2. ENSURE ALL MEDICAL REQUIREMENTS ARE CURRENT (I.E. PHYSICALS, IMMUNIZATIONS, ETC.)**
- 3. SUBMIT SECURITY CLEARANCE REQUEST TO NAVAL AIR RESERVE NORFOLK ADMIN OFFICE FOR PROCESSING AT LEAST 30 WORKING DAYS PRIOR TO START DATE. VERIFY RECEIPT OF CLEARANCE REQUEST AND ENSURE CLEARANCE INFORMATION IS CURRENT.**
- 4. TRANSPORTATION/BERTHING: CONFIRM TRAVEL ITINERARY AND BERTHING HAS BEEN RECEIVED AND MAKE COMMERCIAL BERTHING RESERVATIONS IF GOVERNMENT BERTHING IS NOT AVAILABLE. MAKE ARRANGEMENTS WITH AT COORDINATOR IF ORDERS AND TRAVEL ITINERARY NEED TO BE SENT VIA FEDEX IF YOU LIVE OUT SIDE THE LOCAL AREA.**
- 5. ANTI-TERRORISM BRIEF IS REQUIRED FOR OVERSEAS TRAVEL. PLEASE SEE NAVAL AIR RESERVE NORFOLK TRAINING DEPARTMENT TO SCHEDULE ANTI TERRORISM BRIEF AND CERTIFICATION.**
- 6. CONFIRM UNIFORM OF THE DAY FOR THE AREA WHERE YOU ARE REPORTING.**
- 7. IT IS MANDATORY TO UPDATE YOUR PAGE 2 WITH PSD PERSONNEL DEPARTMENT PRIOR TO GOING ON ORDERS. PLEASE HAVE A COPY OF YOUR PAGE 2 WITH YOU IN ORDER TO PICK UP YOUR AT ORDERS. NO FAX COPIES WILL BE PROVIDED AFTER THE FACT (PER PRIVACY ACT).**

## **ANNUAL TRAINING**

- 1. ORDERS AND TICKETS MUST BE PICKED UP AND SIGNED FOR BY MEMBER OR ARRANGEMENTS MADE IN ADVANCE WITH THE AT COORDINATOR.**
- 2. CHECK IN WITH THE PSD DESIGNATED ON YOUR ORDERS ON THE FIRST DAY OF YOUR ORDERS TO ENSURE TIMELY PAYMENT.**
- 3. HAVE YOUR ORDERS ENDORSED FOR GOVERNMENT QUARTERS AND MESSING OR HAVE A NON- AVAILABILITY NUMBER ISSUED TO AUTHORIZE YOU COMMERCIAL BERTHING AND MESSING.**

## **POST-ANNUAL TRAINING**

- 1. FILE TRAVEL CLAIM WITH THE PSD THAT PAID YOUR ORDERS PRIOR TO LEAVING OR WHEN YOU RETURN HOME. IF YOU SUBMIT A TRAVEL CLAIM AFTER YOU RETURN HOME MAKE SURE YOU GET A MAILING ADDRESS FOR THE PSD.**
- 2. PROVIDE THE AT COORDINATOR WITH 3 COPIES OF YOUR ORDERS WITH ENDORSEMENTS AND YOUR LES/PAY VOUCHER TO ENSURE PROPER CREDIT FOR RETIREMENT AND FISCAL YEAR AT REQUIREMENT.**

# REQUEST FOR TRAINING ORDERS

COMNAVRESFORINST 1571.7G

**PRIVACY ACT STATEMENT:** The authority to request this information is contained in 5 U.S.C. 301 departmental regulations. The principal purpose is to enable you to make known your desire for training duty. The information will be used to assist in determining your eligibility for and approving or disapproving the training duty being requested. Completion of the form is voluntary, however, failure to provide the required information may result in delays, response to or disapproval of your request.

1. SSN		2. GRADE		3. NAME (LAST, FIRST, MIDDLE)	
4. DESIG/NEC:		5. SEX:	6. WORK PHONE: (     )		7. HOME PHONE: (     )
8. HOME ADDRESS:					
9. TYPE: <input type="checkbox"/> AT <input type="checkbox"/> IDTT <input type="checkbox"/> ADT <input type="checkbox"/> GROUP <input type="checkbox"/> IADT <input type="checkbox"/> INVOL <input type="checkbox"/> NON-PAY <input type="checkbox"/> MOD <input type="checkbox"/> BACK-TO-BACK					
10. A. REPORT DATE: TIME:		B. NUMBER DAYS: AT _____ ADT _____ IDTT DAYS: B _____ A _____		C. DESTINATION LOCATION _____ UIC _____ COURSE: CDP _____ /CIN _____ COURSE: NAME _____	
11. DESTINATION COMMAND CONTACTED: YES <input type="checkbox"/> NO <input type="checkbox"/> POC _____					
12. TRAVEL ITINERARY: DESIRED DEPARTURE: DATE: _____ TIME: NET _____ NLT _____ AIRPORT: DEP _____ ARR _____ FOR AFLOAT: EMBARK: _____ DEBARK: _____			13. TYPE TRAVEL: <input type="checkbox"/> CONUS <input type="checkbox"/> OUTCONUS <input type="checkbox"/> NATO 1. <input type="checkbox"/> GTR Directed/Arranged by NAVPTO/NOLA Commercial travel will be arranged and furnished by NAVPTO NOLA unless one of the following options is justified and approved in Block 14 per COMNAVRESFORINST 1571.7G 2. <input type="checkbox"/> Govt. Transportation Directed/(Airlift/NALO) 3. <input type="checkbox"/> POV Authorized As Most Advantageous To The Government 4. <input type="checkbox"/> POV Authorized Not To Exceed GTR 5. <input type="checkbox"/> Transoceanic/International Travel 6. <input type="checkbox"/> Local Commute 7. <input type="checkbox"/> Program Manager Use Only 8. <input type="checkbox"/> Program Manager Use Only 9. <input type="checkbox"/> Program Manager Use Only		
14. JUSTIFICATION/REMARKS:					
STANDARDS OF CONDUCT/CONFLICT OF INTEREST STATEMENT: I understand that during my active duty, I am subject to Defense Department and Navy Department Standards of Conduct directives. I also understand that I am subject to the same standards of conduct directives during any time I am performing inactive duty (drills). I will, during any duty I perform take no action which will amount to or reasonably create the appearance of using any military position for personal gain or the benefit of my civilian employer. I will also refrain from using or reasonably creating the appearance of using information I obtain while on duty for personal gain or the benefit of my civilian employer. If events occur which might cast doubt on my ability to follow these standards, I will promptly notify my military superiors.					
15. DATE:		16. APPLICANT'S SIGNATURE:			
CERTIFICATION - MEMBER IS FULLY QUALIFIED FOR REQUESTED DUTY AND MEETS THE HIV AND BODY FAT REQUIREMENTS AND ALL PREREQUISITES FOR REQUESTED COURSE.					
17. REPORTING/ADDITIONAL INSTRUCTIONS/TEXT CODE:					
18. APPROVED   DISAPPROVED <input type="checkbox"/> <input type="checkbox"/>		UNIT CO/GCLO/OIC		DATE:	
19. APPROVED   DISAPPROVED <input type="checkbox"/> <input type="checkbox"/>		RESFMS SITE REVIEW		DATE:	
20. REMARKS/DISAPPROVAL CODE:					

**Directions to Complete Request for Training Orders Form**

- Block 1: Social Security Number of Applicant
- Block 2: Grade of Applicant (example: E4 or O3)
- Block 3: Last Name, First Name and Middle Initial of Applicant
- Block 4: Designator (Officer) or NEC (Enlisted) of Applicant
- Block 5: Sex of Applicant (needed for Berthing considerations)
- Block 6: Work phone number of Applicant
- Block 7: Home phone number of Applicant
- Block 8: Complete Home Address of Applicant (Should be same address as on RSTARS file. If not, put in appropriate address change via RSTARS.)
- Block 9: Check appropriate type(s) of training.
- AT - Annual Training (required each fiscal year)
  - IDTT - Inactive Duty Training Travel
  - ADT - Active Duty Training (in addition to AT, performance of ADT does not remove the AT requirement)
  - Group - A member of a group (Must travel same location, same travel code)
  - IADT - Initial Active Duty Training
  - INVOL - A mandatory driller involuntarily performing training
  - Non Pay - Training performed with no pay, per diem, or allowances (Can be either AT or ADT)
  - MOD - Modification (Check only the blocks that require change and attach RSTARS documentation and justification)
- Back-to-Back- Orders, AT and/or ADT that are in conjunction with one another
- Block 10A: Report Date and Time of requested type training.
- B: Requested number of AT/ADT days, number of IDTT days in conjunction with AT/ADT is desired Before (B) or After (A) (place number in appropriate space). (IDTT must be performed at site of AT.)
- C: Training Location Site and UIC. Completion of CDP/CIN and name of requested course is mandatory.
- Block 11: Point of Contact at Training Site. (If contacted)
- Block 12: Desired Travel Itinerary to Training Site
- Provide departure date (One day travel INCONUS, two days travel OUTCONUS) with Not Earlier Than (NET) and Not Later Than (NLT) departure times. Provide desired airport Departure (DEP) and Arrival (ARR). Provide embark/debark for training afloat. (LANTREP/ PACREP confirm)
- Block 13: Type of Travel Mode 1 is a Government Transportation Request (GTR) and is the directed method of travel and should be the primary choice.
- Travel Modes 2-6 are authorized methods of travel and may be selected in lieu of a GTR provided they satisfy mission requirements.
- Travel Modes 7-9 are for program manager use (refer to COMNAVRESFORINST 1571.7G, Chapter 7). These modes of travel may be requested in unusual circumstances. However, approval by Echelon III program managers must be fully justifiable.
- Block 14: Use this block to justify any entry that may require an explanation
- Block 15/16: Date of Application and Signature by Applicant is mandatory
- Block 17: List appropriate test codes and additional instructions required in the performance of training
- Block 18: Check only one block. Signature of unit CO/GCLO/OIC is mandatory.
- Block 19: Check only one block. This approval or disapproval is ultimately the responsibility of the commanding officer of the RESFMS site. However, review and approval/disapproval may be delegated.
- Block 20: Amplifying remarks for disapproval in Blocks 18 and 19.

## **ADDENDUM - REQUEST FOR TRAINING ORDERS**

TCN NO. \_\_\_\_\_

BCN NO. \_\_\_\_\_

PTSTS CODE: \_\_\_\_\_

GOVERNMENT TRAVEL CARD HOLDER	YES	NO
ACIP (OFFICER FLIGHT PAY)	YES	NO
RENTAL CAR	YES	NO
GOVERNMENT BERTHING	YES	NO
GOVERNMENT MESSING	YES	NO
<b><u>OR</u></b> PROPORTIONAL MEAL RATE (PMR)	YES	NO
<b><u>OR</u></b> COMMERCIAL MEAL RATE (CMR)	YES	NO

## **ADDENDUM FOR SECURITY CLEARANCE**

PRIVACY ACT STATEMENT: Under the authority in 1, information is requested to accomplish the purpose described in 2. The information provided will not be divulged without your written authorization to anyone other than for the routine use described in 3. You are not required to provide this information; however, failure to do so could result in the action described in 4.

1. AUTHORITY. The authority for obtaining information in this form is 5 USC, 301, 44 USC 3101.
2. PURPOSE. Information is obtained for the purpose of a security clearance for annual training.
3. ROUTINE USES. Information provided is used for processing a security clearance and DONCAF certification.
4. MANDATORY/VOLUNTARY DISCLOSURE, CONSEQUENCES OF REFUSAL TO DISCLOSE. Disclosure is voluntary; however, failure to disclose may result in a failure to maintain a security clearance and performance of duties.

In addition to the information on the Request for Training Orders, the following information is required for security clearance:

Name/Rank/Rate: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Other: \_\_\_\_\_

Reserve Unit: \_\_\_\_\_ RUIC: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Clearance required: \_\_\_\_\_

Member has continuous service with no break greater than 24 months: YES \_\_\_\_\_

NO \_\_\_\_\_

Destination location: \_\_\_\_\_

Dates: \_\_\_\_\_ Number of days: \_\_\_\_\_

Reason for Training: \_\_\_\_\_

POC/Phone Number: \_\_\_\_\_

POC/FAX Number: \_\_\_\_\_

### **FOR SCI ELIGIBILITY ONLY:**

Date/Place of Marriage: \_\_\_\_\_

Date/Place of Divorce: \_\_\_\_\_

Citizenship of: Spouse: \_\_\_\_\_ / Parents: \_\_\_\_\_ / Brothers: \_\_\_\_\_ / Sisters: \_\_\_\_\_

Children: \_\_\_\_\_

## REQUEST FOR TRAINING ORDERS INFORMATION SHEET

1. **SSN:** SOCIAL SECURITY NUMBER
2. **GRADE:** RANK/RATE/PAYGRADE
3. **NAME:** LAST NAME, FIRST NAME, MIDDLE INITIAL
4. **DESIGNATOR/NEC:**
5. **SEX:** MALE/FEMALE
6. **WORK PHONE:** (123)456-7890
7. **HOME PHONE:** (123)456-7890
8. **HOME ADDRESS:** HOUSE/APT NUMBER, STREET NAME, CITY, STATE, ZIP CODE. (NO PO BOX ADDRESSES ALLOWED FOR COMMERCIAL AIR TRAVEL. PLEASE PROVIDE STREET ADDRESS)
9. **TYPE: ANNUAL TRAINING (AT):** YEARLY REQUIREMENT  
**INACTIVE DUTY TRAINING TRAVEL (IDTT):** ORDERS TO COVER TRAVEL AND PER DIEM COSTS WHILE ON DRILLS AT LEAST 100 MILES FROM YOUR HOME OF RECORD OR DUTY STATION.  
**ACTIVE DUTY TRAINING (ADT):** ANY ANNUAL TRAINING ORDERS PAID FOR BY COMNAVRESFOR OR OTHER ACTIVE DUTY COMMAND. IF ORDERS ARE BEING PAID FOR BY ANOTHER COMMAND A TRACKING CONTROL NUMBER (TCN) IS REQUIRED.  
**BACK TO BACK ORDERS:** THESE ARE ADT ORDERS THAT START AT 0001 THE DAY AFTER YOUR ANNUAL TRAINING ORDERS END. IDTT ORDERS MAY ALSO RUN BACK TO BACK WITH ANNUAL TRAINING ORDERS.  
**MODIFICATION:** ANY CHANGE NEEDED FOR ORDERS ALREADY PROCESSED. THIS MAY INCLUDE START DATE, NUMBER OF DAYS, SPECIAL PAYS (ACIP/CSP), RENTAL CAR, ETC.. MODIFICATION REQUESTS ARE SUBMITTED THE SAME AS AN ANNUAL TRAINING REQUEST EXCEPT THAT YOU ONLY HAVE TO PUT REQUESTED CHANGES ON THE APPLICATION AND THE STANDARD DOCUMENT NUMBER (SDN) OF THE ORDER.

10. **A. REPORT DATE:** DATE ORDERS BEGIN

**REPORT TIME:** TIME OF DAY ORDERS BEGIN

**B. NUMBER DAYS:** AT OR ADT

**IDTT DAYS:** A(NUMBER OF DAYS AFTER AT/ADT) IDTT CAN ONLY BE DONE ALONE OR AFTER AT.

**C. DESTINATION LOCATION AND UIC:** THE NAME OF THE COMMAND YOU WILL BE PERFORMING YOUR ACTIVE DUTY AND THE UNIT IDENTIFICATION CODE FOR THAT COMMAND. THE ONLY TIME THERE WOULD NOT BE A UIC IS IF YOU ARE ATTENDING A CONFERENCE AT A HOTEL OR PERFORMING AT IN THE FIELD THAT IS NOT LOCATED AT A MILITARY FACILITY.  
**COURSE CDP/CIN:** THE COURSE NUMBER THAT IDENTIFIES A CLASS (LOCATED IN THE CANTRAC)  
**COURSE NAME:** TITLE OF CLASS

**11. DESTINATION COMMAND CONTACTED:** A NAME AND PHONE NUMBER

FOR THE COMMAND YOU WILL BE WORKING FOR IS MANDATORY.

**12. ITINERARY:** NEEDED TO MAKE COMMERCIAL AIRLINE TRAVEL ARRANGEMENTS.

**DESIRED DEPARTURE:**

**DATE:** 1 DAY PRIOR TO START DATE FOR INCONUS TRAVEL, 2 DAYS PRIOR FOR OUTCONUS TRAVEL.

**TIME: NET/NLT:** DESIRED TIME OF DAY TO TRAVEL

**AIRPORT: DEPARTURE:** CLOSEST AIRPORT TO HOME OF RECORD

**ARRIVAL:** CLOSEST AIRPORT TO REPORTING COMMAND.

**FOR AFLOAT:** TO PROVIDE CITY/STATE OF SHIP FOR CHECK-IN CHECK-OUT.

**EMBARK:** LOCATION WHERE YOU WILL CHECK-IN.

**DEBARK:** LOCATION WHERE YOU WILL CHECK-OFF.

13. **TYPE TRAVEL: CONUS** (IN CONTINENTAL UNITED STATES)

**OUTCONUS** (OUTSIDE THE CONTINENTAL UNITED STATES)

1. **GTR DIRECTED:** COMMERCIAL AIR TRAVEL ARRANGED BY SATO NEW ORLEANS.
  2. **GOVERNMENT TRANSPORTATION:** MAC FLIGHTS, AIRLIFTS, SQUADRON SUPPORT.
  4. **POV AUTHORIZED NOT EXCEED GTR:** MEMBER DRIVES TO DESTINATION AT COST NOT TO EXCEED GOVERNMENT TRAVEL RATE.
  5. **TRANSOCEANIC/INTERNATIONAL TRAVEL:** COMMERCIAL AIR TRAVEL OUTSIDE THE CONTINENTAL UNITED STATES.
  6. **LOCAL COMMUTE:** MEMBER LIVES WITHIN 50 MILES OF REPORTING COMMAND AND WILL COMMUTE TO AND FROM WORK.
14. **JUSTIFICATION/REMARKS:** BRIEF DESCRIPTION OF WHAT MEMBER WILL BE DOING.
15. **DATE:** DATE APPLICATION IS SIGNED
16. **SIGNATURE:** MEMBER IS REQUIRED TO SIGN ANNUAL TRAINING APPLICATION TO SHOW THAT MEMBER AGREES TO DO ORDERS.
17. **REPORTING INSTRUCTION:** THIS SECTION IS TO PROVIDE ADDITIONAL INFORMATION NEEDED FOR ANNUAL TRAINING.
18. **ADDENDUM - REQUEST FOR TRAINING ORDERS:** INDICATE THE FOLLOWING INFORMATION:
- BILLET CONTROL NUMBERS (BCN)** - PROVIDED BY THE REPORTING COMMAND TO VALIDATE THAT A POSITION IS AVAILABLE FOR THE MEMBER DURING THE TIMEFRAME HE IS APPLYING FOR. ANY MEMBER REPORTING TO A SHIP OR OUTCONUS COMMAND IS REQUIRED TO HAVE A BCN.
- TRACKING CONTROL NUMBER (TCN)** FOR ANY ADT ORDERS FUNDED BY SOMEONE OTHER THAN COMNAVAIRESFOR. THIS



NUMBER IS USED TO CHARGE THE CORRECT ACCOUNT FOR THE DAYS OF ADT USED. ADDITIONAL REQUIREMENTS SUCH AS FOR FURTHER ASSIGNMENT (FFA'S) WILL AUTHORIZED TRAVEL TO MORE THAN ONE DESTINATION. YOU CAN ONLY RECEIVE REIMBURSEMENT ON TRAVEL AND PER DIEM IF EACH LOCATION YOU ARE GOING TO IS LISTED.

**THE PTSTS CODE** IS FILLED IN BY YOUR PROGRAM MANAGER.

**MARK YES OR NO** TO AUTHORIZED SPECIFIC ENTITLEMENTS SUCH AS ACIP (FLIGHT PAY), RENTAL CAR, GOVERNMENT BERTHING, GOVERNMENT MESSING, PROPORTIONAL MEAL RATE OR COMMERCIAL MEAL RATE.

**MEMBERS MUST IDENTIFY IF THEY ARE A GOVERNMENT TRAVEL CARD HOLDER** ON THE AT APPLICATION. MEMBERS WHO DO NOT HAVE A GOVERNMENT CARD WILL ONLY BE ALLOWED TO TRAVEL ON ORDERS AT THE DESCRETION OF THE COMMANDING OFFICER.

19. AT APPLICATIONS MUST BE APPROVED BY CO/XO/PM OR DESIGNATED PERSONNEL.
20. AT APPLICATION MUST BE SIGNED BY THE UNIT AT COORDINATOR AND THE PROGRAM MANAGER AS PROOF OF RECEIPT AND VERIFICATION THAT THE APPLICATION IS COMPLETE.